



**2009 - YOUTH PROGRAMS FUND
10% CLUB ELIGIBILITY APPLICATION**

Date		
Organization Name		
Contact Person Name	Street Address/Zip Code	Daytime Phone
E-Mail Address		

Fiscal Agent (if applicable)		
Contact Person (Fiscal Agent)	Street Address/Zip Code	Daytime Phone
E-mail Address (Fiscal Agent)		

Organizational Mission: (Briefly describe)

Organizational Plan for Use of Funds	
City Council Ward Served	Number of youth participants

Non Profit Status: (Check non profit status held by your organization. PLEASE ATTACH PROOF)			
Does your organization have: Non Profit Corporation status under Chapter 317, State of Minnesota?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your organization have IRS 501 Status:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Applied For <input type="checkbox"/>

NOTE: Each applicant **MUST** attach the following information. Please check-off each item to be sure it is included.

- ☐ **Proof of Non Profit status**
- ☐ **Organizational By-Laws AND Articles of Incorporation**
- ☐ **CURRENT list of Officers or Directors. Include name/address/zip/day phone**
- ☐ **Affidavits - Signed by each CURRENT Officer/Director, and notarized**
- ☐ **Evidence that insurance can be, or has been obtained by the organization - if needed**

RETURN COMPLETED APPLICATION TO: Saint Paul Parks & Recreation, ATTN: Eric Thompson 1100 N. Hamline Ave., Saint Paul, MN 55108 E-Mail: eric.thompson@ci.stpaul.mn.us	For further information call 651-632-2415 Or visit the City web page at www.ci.stpaul.mn.us Revised 10/08
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